

Big Teepee Federation - Smoke Signals

HERITAGE YMCA GROUP BIG TEEPEE FEDERATION Trailblazers October Campout

This registration and applicable fees must be returned to the Kroehler Family YMCA at 34 S. Washington St. or the Fry Family YMCA at 2120 W. 95th Street, both in Naperville, IL.

You can fax this completed form to (630) 585-5560, attn: Shane Loy

The YMCA accepts its responsibility to create an environment where models of acceptable behavior are found, and prohibits its staff, volunteers and participants from consuming alcohol at YMCA events

The alcohol policy will be enforced. Please don't risk future participation in events!

Father/Child Name: _____

Phone #: _____ Tribe: _____

Event	Code	Registration Deadline	# Attending	Cost	Total Paid
Shabbona Lake State Park Oct. 10-12	2980 08SEP	Oct. 9th		\$15 Father/Child	
Additional Child				\$5	

Payment: Cash Check **Total Paid:** _____

Charge #: _____ Visa - MC - Discover Exp. _____

Participants or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damaged the Heritage YMCA Group, and its representative officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

Signature of Participant (18 and over) or Guardian

Employee Use: _____
 Today's Date: _____
 Employee Initials: _____
 Center: _____

